

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213517612</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Worldwide Initiatives for Grantmaker Support, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>INCORPORATING SERVICES LTD</b>  <b>7288 HANOVER GREEN DR</b>  <b>MECHANICSVILLE, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HANOVER COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>DE</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>4/30/2013</b></p> <p>SCC ID NO: <b>F1856907</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2121 CRYSTAL DRIVE SUITE 700</p> <p style="text-align: center;">CITY/ST/ZIP: ARLINGTON, VA 22202</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN HARVEY  TITLE: DIRECTOR  ADDRESS: 2121 CRYSTAL DRIVE  SUITE 700  CITY/ST/ZIP/CO: ARLINGTON, VA 22202 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> OFFICER </td> <td style="width: 45%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN HARVEY TITLE: DIRECTOR ADDRESS: 2121 CRYSTAL DRIVE SUITE 700 CITY/ST/ZIP/CO: ARLINGTON, VA 22202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN HARVEY TITLE: DIRECTOR ADDRESS: 2121 CRYSTAL DRIVE SUITE 700 CITY/ST/ZIP/CO: ARLINGTON, VA 22202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BILL KING  TITLE: DIRECTOR  ADDRESS: 100 PORTLAND AVE. SOUTH  SUITE 225  CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55401-2575 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> OFFICER </td> <td style="width: 45%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BILL KING TITLE: DIRECTOR ADDRESS: 100 PORTLAND AVE. SOUTH SUITE 225 CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55401-2575	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BILL KING TITLE: DIRECTOR ADDRESS: 100 PORTLAND AVE. SOUTH SUITE 225 CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55401-2575	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL LIFFMANN  TITLE: DIRECTOR  ADDRESS: P.O. BOX 218  HAWTHORN, MELBOURNE, AUSTRALIA  , , FN </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> OFFICER </td> <td style="width: 45%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MICHAEL LIFFMANN TITLE: DIRECTOR ADDRESS: P.O. BOX 218 HAWTHORN, MELBOURNE, AUSTRALIA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LETICIA RUIZ-CAPILLAS  TITLE: DIRECTOR  ADDRESS: 78, AVENUE DE LA TOISON D'OR  BRUSSELS 1060 BELGIUM  , , FN </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> OFFICER </td> <td style="width: 45%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LETICIA RUIZ-CAPILLAS TITLE: DIRECTOR ADDRESS: 78, AVENUE DE LA TOISON D'OR BRUSSELS 1060 BELGIUM , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ATALLAH KUTTAB  TITLE: CHAIRMAN  ADDRESS: 25 ESCHNER ALLE, D26603, GERMANY  , , DE </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 45%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ATALLAH KUTTAB TITLE: CHAIRMAN ADDRESS: 25 ESCHNER ALLE, D26603, GERMANY , , DE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ARON BELINKI  TITLE: DIRECTOR  ADDRESS: AV 9 DE JULHO, 5143, SAO PAULO, BRAZIL  , , BR </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> OFFICER </td> <td style="width: 45%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ARON BELINKI TITLE: DIRECTOR ADDRESS: AV 9 DE JULHO, 5143, SAO PAULO, BRAZIL , , BR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	BARBARA IBRAHIM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1026 Research Centers Building, AUC Avenue		
CITY/ST/ZIP/CO:	, , EG		
NAME:	BARRY GABERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o 2121 Crystal Drive		
CITY/ST/ZIP/CO:	Arlington, VA 22202		
NAME:	BHEKI MOYO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	LOT 87, SACRE COUER III, PYROTECHNIE, VDN, DA		
CITY/ST/ZIP/CO:	, , SN		
NAME:	FERNANDO ROSSETTI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Rua Antônio Borba, 191, SAO PAULO, BRAZIL		
CITY/ST/ZIP/CO:	, , BR		
NAME:	JANE HUMPHRIES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	75 Albert Street, suite 301, OTTAWA, ON, CAN		
CITY/ST/ZIP/CO:	, , CA		
NAME:	JENNY HODGSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4th Floor, 158 Jan Smuts Avenue, Rosebank		
CITY/ST/ZIP/CO:	, , ZA		
NAME:	JOHN ULANGA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	aidery Plaza, 5th floor - Upanga/Kisutu Stree		
CITY/ST/ZIP/CO:	, , TZ		
NAME:	MARIA CAROLINA SUAREZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CALLE 123 N 7-07 OF. 303 BOGOTÁ, COLOMBIA		
CITY/ST/ZIP/CO:	, , CO		
NAME:	MARIA CHERTOK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Myasnitskaya 24/7 building 1, office 102 - 10		
CITY/ST/ZIP/CO:	, , RU		
NAME:	RUTH JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	220 SECOND AVE - SUITE 300		
CITY/ST/ZIP/CO:	SEATTLE, WA 98104		
NAME:	SHANNON LAWDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	503 S. Saginaw St., Suite 1200		
CITY/ST/ZIP/CO:	FLINT, MI 48502-1851		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TINA THIART DIRECTOR No. 14 De Villiers Road Kommetjie 7976, , , ZA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ATALLAH KUTTAB	ATALLAH KUTTAB, CHAIRMAN	4/12/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			